

281-595-2269

## **PAVILION RESERVATION FORM**

Office Hours are 1:30 - 4:30 pm; Mondays, Wednesdays & Thursdays

Please fill out all information and sign at the bottom where indicated.

## **RENTER'S INFORMATION:**

Name:				
Address:				
City/Zip:				
Phone:				
E-Mail:				
Type of Event				
Date of Event	Time	»:	to	
Is any type of music being used? Yes	No	DJ	Band	
Number of Guests Expected:		(Limit 80	Persons)	
Is alcohol being served? Yes No	)			
to City Secretary/Mayor no later than one provisions.)	week befor	e the event.	(See Rental Agre	ement j
FEES:				
Deposit FeeRental Fee				
I HAVE RECEIVED, READ AND UPAVILION CENTER RENTER'S AGENTEM.				
Signature of Renter	Date			
City Secretary/Mayor	——————————————————————————————————————			